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78 09/01/1999

PATENT

Attorney Docket No. SYP-116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Fuchs et al.

SERIAL NO.: 08/726,093

GROUP NO.: 1634

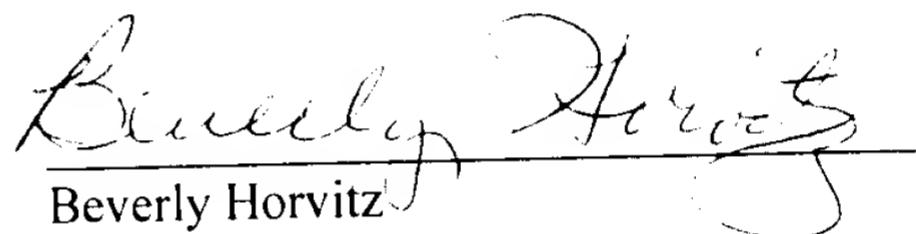
FILING DATE: 10/04/96

EXAMINER: Marschel, A.

TITLE: Methods and Kits for Hybridization Analysis Using Peptide Nucleic Acid Probes

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 30th day of August, 1999.

  
Beverly Horvitz

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg)
2. Amendment and Reply (11 pgs)
3. Request for Extension of Time (1 pg)
4. Supplemental Information Disclosure Statement (3 pgs)
5. Form PTO-1449 (1 pg)
6. Copies of IDS Citations AAK, AAL; cover page of AAM (21 pgs)
7. Copy of PTO Form 892 (1 pg)
8. Fee Transmittal Form (1 pg) with Check in the amount of \$770.00
9. Certificate of First Class Mailing Under 37 C.F.R. 1.8 dated 8/30/99
10. Return Receipt Postcard

**FEET TRANSMITTAL**

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision

CTP/E  
J.C.E.  
SEP 1 1999

Complete if Known	
Application Serial Number	08/726,093
Filing Date	10/04/96
First Named Inventor	Fuchs
Group Art Unit	1634
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116

**METHOD OF PAYMENT**

1.  **Payment Enclosed:**  
 Check  Money Order  Other

2.  **The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.**  
 Required Fees (copy of this sheet enclosed).  
 **Additional fee required under 37 CFR 1.16 and 1.17.**  
 **Overpayment Credit.**

**FEE CALCULATION**

**1. FILING FEE**

Large Entity	Fee (\$)	Fee Description	Fee Paid
760	Utility filing fee		
310	Design filing fee		
150	Provisional filing fee		

Number Filed	Number Extra	Rate	Amount

Total Claims - 20 = \_\_\_\_\_ x \$ 18.00 =

Independent Claims - 3 = \_\_\_\_\_ x \$ 78.00 =

Multiple Dependent Claim(s), if any \$260.00 =

**TOTAL:**

**SMALL ENTITY DISCOUNT:**

**SUBTOTAL (1) (\$)**

**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 40 -	34 =	6	x \$ 18.00 =	108
Indep. 8 -	4 =	4	x \$ 78.00 = + \$260.00 =	312

First Presentation of Multiple Dep. Claim

**TOTAL:**

**(\$)**

**SMALL ENTITY DISCOUNT:**

**SUBTOTAL (2) (\$)**

**SUBTOTAL (3) (\$ 350.00)**

**SUBTOTAL (1)**

**420.00**

**SUBTOTAL (2)**

**350.00**

**SUBTOTAL (3)**

**770.00**

**CORRESPONDENCE ADDRESS**

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High Street Tower  
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Boston, MA 02110  
Tel. No.: (617) 248-7000  
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**SIGNATURE BLOCK**

Respectfully submitted,  
*Isabelle A.S. Blundell*  
Isabelle A.S. Blundell, Ph.D.

Date: 08/30/99  
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SERIAL NO. 811099

**TRANSMITTAL  
FORM**

Application Serial Number	08/726,093
Filing Date	10/04/96
First Named Inventor	Fuchs
Group Art Unit	1634
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> <b>Check Attached</b>	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> <b>Amendment/Response</b>	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> <b>Return Receipt Postcard</b>
<input type="checkbox"/> After Final	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> <b>Certificate of First Class Mailing under 37 C.F.R. 1.8</b>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> <b>Additional Enclosure(s) (please identify below)</b>
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> <b>Copy of PTO Form 892</b>
<input type="checkbox"/> <b>Extension of Time Request</b>	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> <b>Information Disclosure Statement Form PTO-1449</b>	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> <b>Copies of IDS Citations</b>		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		

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Respectfully submitted,



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